Standards Washington, DC 20210

LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3327	2. Fiscal Year Covered From:		
	111/04, Through: 112/31/04.		
3, Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Charles Vogler	Name Roofers AFL-CIO		
	Labor Organization File Number 000135		
P.O. Box, Blog., Room No., If any	P.O. Box, Building and Room Number, If any		
Steel [do] N Erie Street	Street 2003 Warwood Ave		
chy wheeling	chy wheeling.		
State WV ZIP Code +4 26003	State WV ZIP Code + 4 [36003]		
5. Position in labor organization.			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.		
and the same and t	7.a. Nature of Interest, Transaction, or Income.		
Name Lione	None		
Name Arone Trade Name, if any:			
Name Are Name, if any: P.O. Box, Bldg., Room No., if any	None		
Name Are Name, if any: P.O. Box, Bidg., Room No., if any Street	none		
Name Are Name, if any: P.O. Box, Bidg., Room No., if any Street City ZIP Code +4	none		
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code +4 Signature and verification. The undersigned declares, under penalty of	7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information range documents), has been examined by the signatory and is, to the best of the		
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and vertification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information range documents), has been examined by the signatory and is, to the best of the		

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	house		
City	11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.		
State ZIP Code + 4	pone		
	12.b. Amount		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZIP Code + 4	14.s. Nature of payment. 14.b. Amount of payment.		
13.b, is the Business an Employer or Consultant?	14.5. Amount of payment.		

Form LM-30 (2003)